

DEPARTMENT OF HUMAN SERVICES SENIOR & DISABLED SERVICES DIVISION

500 Summer Street NE Salem, Oregon 97310-1015

Phone: (503) 945-5811

AUTHORIZED BY: <u>INFORMATION MEMORANDUM</u>

SDSD Administrator/Deputy/ SDSD-IM-00-63 Assistant Administrator Date: June 23, 2000

TO: SDSD District and Unit Managers

Area Agency on Aging Directors Employment Initiative Specialists

SUBJECT: Self-Employment Workshop

INFORMATION: In a recent Information Memorandum, information was provided regarding a workshop in Portland on July 13th focusing on self-employment issues for persons with disabilities. Attached to are the agenda and registration forms for this workshop. Also attached are an invitational letter and a questionnaire. All contact information is included in these documents.

While the webpage that discusses these workshops said they are free, the attached documents show there is a \$15.00 registration and luncheon fee.

This workshop is sponsored by the President's Committee on Employment of People with Disabilities, the Small Business Administration, Social Security, Oregon VRD, Oregon Commission for the Blind, Housing and Urban Development and others.

CONTACT PERSON: Scott A. Lay, Employment Initiative Coordinator

CONTACT NUMBER: (503) 945-6453 e-mail: scott.a.lay@state.or.us

FAX NUMBER: (503) 373-7902



U. S. SMALL BUSINESS ADMINISTRATION

Portland District Office

1515 S.W. Fifth Avenue, Suite #1050 Portland, Oregon 97201-5494

(503) 326-2682 > FAX (503) 326-2808 • TDD (503) 326-2501

June 15, 2000

The President's Committee on Employment of People with Disabilities (PCEPD), U. S. Department of Housing and Urban Development (HUD), U. S. Department of Education Rehabilitation Services Administration (RSA), U. S. Small Business Administration (SBA), Social Security Administration (SSA), U. S. Department of Veterans Affairs Veterans Benefits Administration (VBA), Oregon Vocational Rehabilitation Division, Oregon Commission for the Blind and Service Corps of Retired Executives (SCORE) are inviting you to The Entrepreneurs with Disabilities Workshop. The workshop will be held on Thursday, July 13, 2000, at the Work Force Training Center located at 18624 NW Walker Road, Beaverton, Oregon, from 8:00-4:30pm, and the registration and luncheon fee is \$15.00.

As you can see from the enclosed invitation flyer the workshop will provide training to those interested in becoming self-employed and provide information on community resources available to assist people with disabilities. A goal is to develop a directory of service providers, including a comprehensive, updated listing of services. In order to get a head start on the directory we are requesting that you complete the enclosed questionnaire and return it to Toni McKissen, SBA, 1515 SW Fifth Avenue, Suite 1050, Portland, OR 97201. The information being requested is critical to ensure that we capture as much information as possible for inclusion in the directory. We ask that you return the completed questionnaire by Thursday, July 6th.

The registration form is enclosed for your convenience. We encourage you to attend; however, if you are unable to join us, please make sure that we receive your questionnaire so that your organization will be included in the directory.

If you have any questions, please call Toni McKissen at (503) 326-5122 or email her at 'maria.mckissen@sba.gov' We look forward to seeing you at the workshop on July 13th.

The Entrepreneurs with Disabilities Workshop Steering Committee

Enclosures



PLEASE JOIN US AT THE ENTREPRENEURS WITH DISABILITIES WORKSHOP FOR COMMUNITY RESOURCES

SCORE.

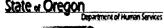
Thursday, July 13, 2000 8:00 am - 4:30 pm Work Force Training Center 18624 NW Walker Road, Beaverton, Oregon \$15.00 Registration & Luncheon Fee



The President's Committee on Employment of People with Disabilities (PCEPD), U.S. Department of Housing and Urban Development (HUD), U.S. Department of Education Rehabilitation Services Administration (RSA), U.S. Small Business Administration (SBA), Social Security Administration (SSA), U.S. Department of Veterans Affairs Veterans Benefits Administration (VBA), Oregon Vocational Rehabilitation Division, Oregon Commission for the Blind are inviting you to a one-day workshop for community resources to learn about self-employment opportunities for people with disabilities. Portland is one of ten sites for this nationwide program promoting opportunities for entrepreneurs with disabilities.



This workshop provides information about how to start a business, how to obtain business financing and identifies community resources that can help people with disabilities plan and grow their businesses. Presentations by successful small business owners who have disabilities will provide valuable insight about how these entrepreneurs have overcome barriers to success. The information at this event will help you as an entrepreneur or help your clients as a service provider.





AGENDA

8:00am Registration
9:00 Welcome
9:15 Panel I
How We're
Making It
10:15 Panel II
Government
Approaches &
Programs
11:15 Panel III
Local Public &
Private Services

12:15pm LUNCH

1:30 General Session 2:00 Track I Building Local Networks

Track II Entrepreneurial Training



for the Blind

Attached is a reservation form for the workshop. SPACE IS LIMITED! PAID RESERVATIONS MUST BE RECEIVED BY JUNE 30, 2000. Federal programs and services are extended to the public on a non-discriminatory basis. Reasonable arrangement for persons with special needs will be made if requested from SBA at (503) 326-5207 by June 30, 2000.







ENTREPRENEURS WITH DISABILITIES WORKSHOP FOR COMMUNITY RESOURCES



Thursday, July 13, 2000 8:00 am – 4:30 pm Work Force Training Center 18624 NW Walker Road, Beaverton, Oregon \$15.00 Registration & Luncheon Fee

Registration for the workshop includes lunch. This



registration form and payment of \$15.00 must be received by Friday, June 30, 2000. Reasonable arrangements for persons with disabilities will be made if requested from SBA at (503) 326-5207 by June 30, 2000.

State of Oregon

Openment of Human Sovices

Make your \$15.00 check payable to: SCORE Chapter 11

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Vocational Rehabilitation Division

Enclosed is my check for \$15.00 each. Total enclosed: Special dietary needs:	attendees \$	(a



Please register the following persons for the workshop: (Please PRINT) (Use backside for additional persons)

Oregon Commission
for the Blind

NAME:	
ORGANIZATION:	·
MAILING ADDRESS:	
TELEPHONE:	
E-MAIL:	



RSVP to:

SBA/SCORE Chapter 11

1515 SW Fifth Avenue, Suite 1050

Portland, OR 97201

Service Providers for Individuals with Disabilities Questionnaire

Note: Information disclosed here will be used for a directory.

Please make sure that everything is easy to read and accurate. Thank you!

Attendee's Name(s): Email Address:
Organization Name:Organization Address:
Phone:Fax:
Website:
If you have more than one branch, please list them on the back of this sheet.
List of services you deliver to individuals with disabilities:
Primary (direct):
Secondary (referral):
Who are your partners in service delivery?
Who would it make sense to work with (but currently are not)? Why?
If you had adequate resources (time, money, space, etc), what service would your organization add?
What one statute or Administrative Rule (if any) would you change to make your organization's job easier or more effective?
What is your mission statement?
If you have any other branches, please list them here: